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ABSTRACT

The study found distinctly different interrelationships among factors affecting social service use by Mexican American, Puerto Rican, and Cuban elderly. Twenty-nine variables and data selected from a 1979-80 15-state survey of 1,805 noninstitutionalized Hispanic individuals aged 55 and over were categorized by the Andersen-Newman model of service use and analyzed to construct theoretical models for social service planning. Researchers found that differing cultural background, social history, and social situation affected use of social services by Hispanic elderly. Number and kind of predictors of social service use differed among the groups. Predictors of service use by Puerto Rican elderly in order of importance were need for service, knowledge about services, fequency of visiting with friends, income, difficulty with language, number of children and daily living abilities. Predictors for Cuban elderly were need for service, knowledge about services, income, daily living abilities, age, citizenship status, age density, and self-rated health status. Predictors for Mexican American elderly were need for service, knowledge about services, income, and 14 other factors including involvement in social networks of friends and church activities and higher levels of education and language ability. Appended tables and figures illustrate predictive models for each group. (LFL)

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THE USE OF SOCIAL SERVICES BY HISPANIC ELDERLY: A COMPARISON OF MEXICAN AMERICAN, PUERTO RICAN AND CUBAN ELDERLY

By

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Data-based studies of factors which determine the use of health and/or social services by the Hispanic elderly are relatively absent from the gerontological literature. The few studies that do exist have been primarily concerned with identifying cultural, social, psychological and economic influences that are associated with variations in the use of services rather than with assessing the relative importance of these factors in explaining services use (Valle and Mendoza, 1978; Cuellar and Weeks, 1980; Lacayo, 1980; McNeely and Colen, 1983). Additionally, few studies have sought to assess the predictive power of explanatory factors nor have investigators attempted to identify the patterns of influence among use variables (Starrett et al, 1984). Moreover, none of the existing studies reported in the literature have attempted to develop and test structural models capable of explaining use as a complex behavioral process (Miranda and Ruiz, 1981).

While literature on the use of health services is expanding, the determinants of use of social services by the Hispanic elderly have yet to be systematically studied. Even though existing studies provide some useful insights into the subjective and existential experiences involved in the utilization process, they do no lend themselves to the development of the kinds of theoretical models that would provide a clearer and more generalizable understanding of service use by the Hispanic elderly population. More importantly however, most existing use studies have, in general, reflected a unidimensional perspective that has failed to recognize the diversity and heterogeniety of the different cultural and ethnic subgroups within this broader population group (Queralt, 1983; McNeely and Colen, 1983). As a result, there

is a great deal of ignorance about the demographic, cultural, social, and psychological characteristics of the Mexican American, Puerto Rican and Cuban elderly and how these characteristics, in part, affect variations in their use of social service programs.

The purpose of this study is to examine the patterns of interrelationship among major explanatory factors derived from theoretical causal models of social service use by Mexican American, Puerto Rican and Cuban elderly. The proposed models can be used to examine, specify and assess: (1) causes of differential patterns of use, (2) the amount of variation in use that can be explained within the terms of the models, (3) the relative importance of factors included in the models, and (4) the magnitude of the direct and indirect causal effects of explanatory factors on use. Unlike previous studies which have primarily focused on identifying correlates of use, this study focuses upon analyzing the interrelationships among those factors that presumably affect variations in use, and upon the degree to which these factors influence the levels of use among the Hispanic elderly.

No claim is made that this study is definitive. Presumably, the findings would be somewhat different if other explanatory factors were introduced or other modifications were made in the proposed causal models. Nevertheless, this study contributes to improving our understanding of social service use as a function of antecedent influences among the Mexican American, Puerto Rican and Cuban elderly.

CONCEPTUAL FRAMEWORK

In the analysis of determinants of health services use, Andersen and Newman (1973) have classified explanatory variables according to

whether they are predisposing, enabling or need factors. This model has been widely applied to the study of different types of health services use to reveal the relative contribution of different sets of variables which may influence health-care (Berki and Kobashigawa, 1976; Wan and Soifer, 1974; Wan and Yates, 1975).

According to Andersen and Newman (1973), predisposing factors include those social structural and demographic factors which influence health-care attitudes and beliefs. Enabling factors refer to conditions that facilitate or impede use of services by an individual who is predisposed to seek care. Need factors refer to symptoms of illness perceived by the individual, their responses and evaluations of the disabling effects or by medical assessment of health status. As shown in Figure 1. predisposing factors may influence enabling factors and both may affect need as well as use.

Figure 1. Here

To date, there have been few systematic studies of the use of social services by a cross-section of Hispanic elderly employing a conceptual framework similar to that used by Andersen and Newman. We hypothesize, however, that if explanatory use variables are grouped within a framework similar to Andersen and Newman's, we can develop adequate theoretical models of social services use that can provide better understanding of this phenomenon and which can be used as a basis for empirical analysis.

PROCEDURES

Sample

In order to test our hypothesis, data collected from a national survey conducted in 1979-80 were analyzed. The data were provided by the National Association for Hispanic Elderly (Principle Investigator, Carmela G. Lacazo) and were gathered via a national multi-stage area probability sampling design. The sample consisted of 1805 non-institutionalized individuals age 55 and over, drawn from fifteen states.

Data were obtained from interviews administered in the respondent's home using a pretested instrument constructed by the National Association for Hispanic Elderly in consultation with the Administration on Aging, the U.S. Bureau of the Census and Kaiser Permanente's Research Department. The final data gathering instrument was a combination of the Older American Resources and Services Functional Assessment Questionnaire (OARS) and the Subjective Distress Scale of Psychiatric Status Schedule (PSS). The instrument was translated into Spanish and administered by bilingual interviewers.

The mean age of the respondents was 65.5 years. Ethnic identity; 59.3% were Mexican Americans, 15.8% were Puerto Ricans, 6.2% were Cubans, and 18.8% were other Hispanics. With respect to marital status, 53% were married and 47% were not married. About 52% of those sampled were female and 48% were male. The mean education was five years and the mean income was $3,999 dollars per year.

Measures

Andersen and Newman's (1973) model of utilization was adapted to the present study and 29 independent variables presumed to influence

use were grouped into predisposing, enabling and need categories. Predisposing variables were measured as follows: Place of birth was dichotomized (United States=1, other=0); sex was dichotomized (male=1, female=0); U.S. Citizen was dichotomized (yes=1, no=0); age was measured as actual age; ethnicity was dummy coded (Puerto Rican=1, Cuban=1, Mexican Americans=0); education was measured by actual grade completed; religion was dichotomized (Catholic=1, Other=0); language difficulty was measured on a scale ranging from 1 to 3 (very difficult=1, somewhat difficult=2, not difficult at all =3); number of children was measured by the actual number in the family; residential stability was measured on a scale ranging from 0 to 5 (no other city=0, five or more cities=5); employment status was dummy coded (working=1, housewife=1, retired=0); speaking in English was measured on a scale ranging from 1 to 5 (seldom=1, all the time=5); sex, race, and age discrimination were each measured separately by summing the number of personal discrimination acts experienced by the respondent. Enabling variables were measured as follows: urban or rural residence was dichotomized (urban=1, rural=0); age density was measured as the percentage of elderly residents living in a census tract; accessibility of public transportation was measured by the number of blocks to the nearest bus stop; formal church attendance was measured on a scale ranging from 1 to 6 (never=1, more than once a week=6); participation in senior citizen's church activities was measured on a scale ranging from 1 to 5 (never=1, very often=5); frequency of contact with friends and neighbors was measured on a scale ranging from 0 to 4 (none=0, everyday=4); perceived neighborhood cohesiveness was measured by summing the number of reasons a respondent

choose to maintain residence in their neighborhood; living arrangements were measured as dummy variables (living alone=1, living with spouse=1, living with children=0); annual family income was measured in a scale ranging from 1 to 15 ($0-$499=1, $40,000 and above=15); frequency of contact with kin was measured on a scale ranging from 0 to 4 (none=0, everyday=4); knowledge of social services was measured by summing the number of services out of 13 a respondent was aware of. Need variables were measured as follows: self rated health status was measured on a scale ranging from 1 to 5 (very poor=1, very good=5); activity of daily living (ADL) was measured using a 12 item scale ranging from 1 to 4 (poor=1, 4=excellent); the need for formal social services was measured by summing the number of services needed out of 13 mentioned by the interviewer. The use of formal services (dependent variable) was measured by summing the number of services used out of 13 mentioned by the interviewer. The thirteen services were education courses to prepare for retirement, local rides, home delivered meals, meals at senior citizens centers, assistance with housework, informaion about social service programs, legal and, consumer education, food stamps, assistance with income taxes, financial assistance for rent, financial assistance for medical care and recreational programs.

Method of Analysis

The theoretical models were analyzed and evaluated using hierarchical multiple regression in a path analytic framework. Path analysis permits testing of a set of independent variables under the assumption of causal order, examining intervening relationships between independent variables, as well as relationships between independent variables and the main

dependent variable (Duncan, 1966; Mindel and Wright, 1982). It proceeds by solving a series of recursive structural equations in which each of the previous independent variables becomes a dependent variable in subsequent equations. The results indicate how much of the correlation among variables is accounted for by direct and indirect effects while controlling for the effects of other variables in the equation (Kerlinger and Pedhazur, 1973).

In efforts to achieve parsimony in theoretical cuasal models unimportant paths between variables are usually dropped. There is, however, no universally accepted procedure for deciding which paths to keep and which paths to drop. A F test for significance of the change in R^2 (coefficient of determination) by the addition of the variable was used in the present study (Nie et al., 1975). In addition, paths had to explain 1% or more of the variance and path coefficients had to be greater than .10.

FINDINGS

The models of service use for the three Hispanic populations are presented below in figures 1 through 3. Both standardized and unstandardized path coefficients (in parentheses) are presented to facilitate comparisons between and among the variables.

Figures 1, 2, and 3 about here

As can be seen from the three diagrams the three groups are distinctly different from one another in terms of the predictors of social service use. Clearly one cannot simply speak of the "Hispanic" elderly, but rather one must address these different spanish speaking groups

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as distinct cultural groups.

One difference between the groups were the number and kind of predictors of social service use, both direct and indirect. For the Puerto Rican elderly seven of the thirty-one independent variables were directly related to use of social services. There were no variables which produced only indirect effects. Almost all the explained variance in use of services (R^2=.43) was due to direct effects, very little by indirect effects. The best predictors of use was need (Beta=.41), followed by knowledge (Beta=.38); the ohter five significant predictors, frequency of visiting with friends, income, difficulty with language, number of children, and accomplishment of activities of daily living were substantially less powerful predictors with Betas between .10 and .17.

With the Cuban elderly the picture gets a bit more complicated. Eight variables were significant direct predictors of use, but there were considerably more indirect effects (R^2=.46). In addition, several variables that were significant with the Puerto Rican elderly were not with the Cubans and several variables were significant for the Cubans but the Puerto Ricans. Only four variables, need for service, knowledge of services, income, and activities of daily living, were significant for both groups. However, these four explained 38.4% and 38.1% for the Cuban and Puerto Rican samples respectively. Predictors for the Cubans that did not appear for the Puerto Rican sample were age, citizenship status, age density, and self rated health status. Visiting with friends, language difficulty and number of children were not important for the Cubans as they were

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for the Puerto Rican elderly.

The most important predictor of use of services for the Cuban elderly was knowledge of services (Beta=.42; b=.24) which was comparable in size with the Puerto Rican sample (Beta=.38; b=.22). However, comparisons of need were markedly different with b=.21 for Puerto Rican but only .09 for Cubans. On the other hand poor health (Beta=.10; b=.15) and inability to perform activities of daily living (Beta=.06; b=.04) were significant predictors of use for Cubans, whereas health was not a factor and ability to carry out activities of daily living (Beta=.17; b=.16) were predictors of use for the Puerto Rican elderly. Are Cuban elderly unwillingly to state they need help while at the same time indicating that they needed healthcare? Or are the Cuban elderly willing to accept only health services, while the Puerto Rican elderly accept a wider range of social services?

Turning to the model of service use for the Mexican American elderly things get more complex. Only three of the twenty-nine independent variables are significant direct predictors of use of services, namely, knowledge, need, and income, all three appearing in the other two models. Curiously, a whole range of predisposing and enabling variables appear having entirely indirect effects. The three variables with direct effects and the fourteen variables with only indirect effects explain 32% of the variance, substantially less than the other two models.

As with the other two groups the best predictors of use are knowledge (Beta=.47; b=.19), and need (Beta=.25; b=.11). On this comparison the Mexican American elderly are more similar to the

Cuban elderly than the Puerto Rican elderly. An interesting finding with respect to the Mexican Americans is the marginal effect of health status on use of services. Activities of daily living, is not significant, and health status, has a rather small indirect effect. Since health status is mediated through statements of need, perhaps this population is more willing to state its needs than the others.

The more complicated model for the Mexican American elderly does give a clearer picture of the service use process however. Knowledge of services appears to be the better predictor of service use and from the number of predisposing and enabling factors which predict knowledge, it is clear how the knowledge was acquired. Involvement in social networks of friends and church activities as well as higher levels of education and ability to overcome language difficulties enhance knowledge of services. Contact with family and friends was useful for Puerto Rican elderly as well but not mediated thorugh knowledge. Sources of knowledge for Cuban and Puerto Rican elderly are not clear.

DISCUSSION

This study of Puerto Rican, Cuban, and Mexican American elderly examined the process leading to use of social services. It was believed that though these "Hispanic" elderly share a common language they do not necessarily share a common culture, social history or social situation. The results support the decision to separate the various spanish-speaking elderly populations from one another and not to regard the Hispanic elderly as a monolithic group.

The Anderson-Newman model of service use provided a useful

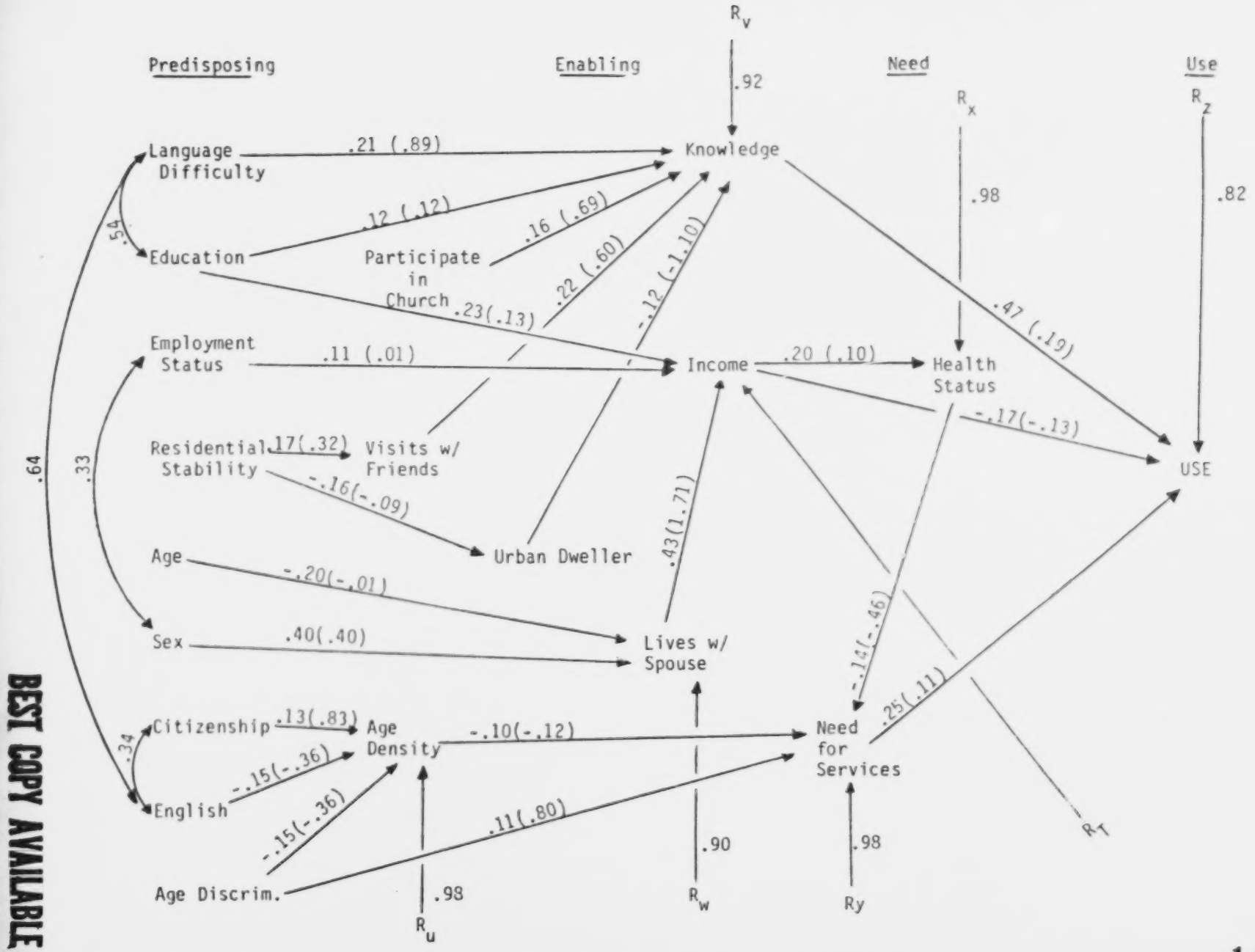

Figure 4. Path diagram with all significant paths for the Mexican American elderly (N=1153).

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framework for analyzing use of social services for this group of spanish speaking elderly. The division of factors into predisposing, enabling, and need factors successfully allowed the various Hispanic groups to illustrate their commonalities as well as their distinctiveness. Within this framework a high of 46% of the variance in use was explained for the Cuban elderly and a low of 32% of the variance was explained for the Mexican American elderly.

The major factors that all three groups shared as primary predictors of service use were knowledge, need, and income. For the Mexican Americans and Cubans knowledge was more important than need; for the Puerto Ricans the two were about the same. Interpretation of the importance of knowledge of service even after the effects of need have been partialled out are difficult. The impression that individuals are using services they do not need would appear to be the case, unless one looks at the actual use of services involved here. The mean number of services used is slightly more than 1 out of the 13 mentioned to each respondent. Thus we are not looking at a population that uses many services. In addition this study examines breadth of service use not depth; individuals were not asked the frequency of use of particular services, rather they were asked how many did they use.

The low path coefficient for the effect of need on use for the Puerto Rican elderly points out another problem that the survey data may not be revealing. Individuals may have been understating their need when asked point blank, "do you need this service?", while at the same time revealing it when the paths from health and activities

of daily living indicate that poor health and inability to accomplish activities of daily living predict use. Individuals may not express need when asked directly but will indicate it when the question is asked more objectively and indirectly. This is a methodological problem that needs to be overcome in future research.

TABLE 1

DECOMPOSITION TABLE FOR ALL SIGNIFICANT
DIRECT EFFECTS ON SERVICE UTILIZATION
CUBAN SAMPLE
(N=209)

INDEPENDENT VARIABLES	TOTAL ASSOCIATION (R)	DIRECT EFFECTS (BETA)	(B)	INDIRECT EFFECTS
PREDISPOSING FACTORS				
AGE	.35	.15	.03	-.09
CITIZENSHIP	-.23	-.13	-.44	-.04
ENABLING FACTORS				
AGE DENSITY	-.12	-.14	-.08	---
INCOME	-.32	-.15	-.12	-.04
KNOWLEDGE OF SERVICES	.50	.42	.24	.03
NEED FACTORS				
NEED FOR SERVICES	.32	.19	.09	---
ADL	-.26	-.06	-.04	-.08
PERCEIVED HEALTH	-.30	-.10	-.15	----

R^2=.46

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TABLE 2

DECOMPOSITION TABLE FOR ALL SIGNIFICANT
DIRECT EFFECTS ON SERVICE UTILIZATION
PUERTO RICAN SAMPLE
(N=234)

INDEPENDENT VARIABLES	TOTAL ASSOCIATION (R)	DIRECT EFFECTS (BETA)	(B)	INDIRECT EFFECTS
PREDISPOSING FACTORS				
NUMBER OF CHILDREN	.07	.10	.09	-.01
LANGUAGE DIFFICULTY	.22	.14	.33	.04
ENABLING FACTORS				
INCOME	-.22	-.14	-.17	.01
VISITING W/FRIENDS	.19	.15	.21	---
KNOWLEDGE OF SERVICES	.41	.38	.22	---
NEED FACTORS				
ADL	.05	.17	.16	-.09
NEED FOR SERVICES	.42	.41	.21	---

R^2=.43

TABLE 3

DECOMPOSITION TABLE FOR ALL SIGNIFICANT
DIRECT EFFECTS ON SERVICE UTILIZATION
MEXICAN AMERICAN SAMPLE
(N=1153)

INDEPENDENT VARIABLES	TOTAL ASSOCIATION (R)	DIRECT EFFECTS (BETA)	DIRECT EFFECTS (B)	INDIRECT EFFECTS
PREDISPOSING FACTOR				
- - - - - -				
ENABLING FACTORS				
KNOWLEDGE OF SERVICES	.47	.47		- - -
INCOME	-.21	-.17		-.01
NEED FACTOR				
NEED FOR SERVICES	.28	.25		- - -

R^2=.32

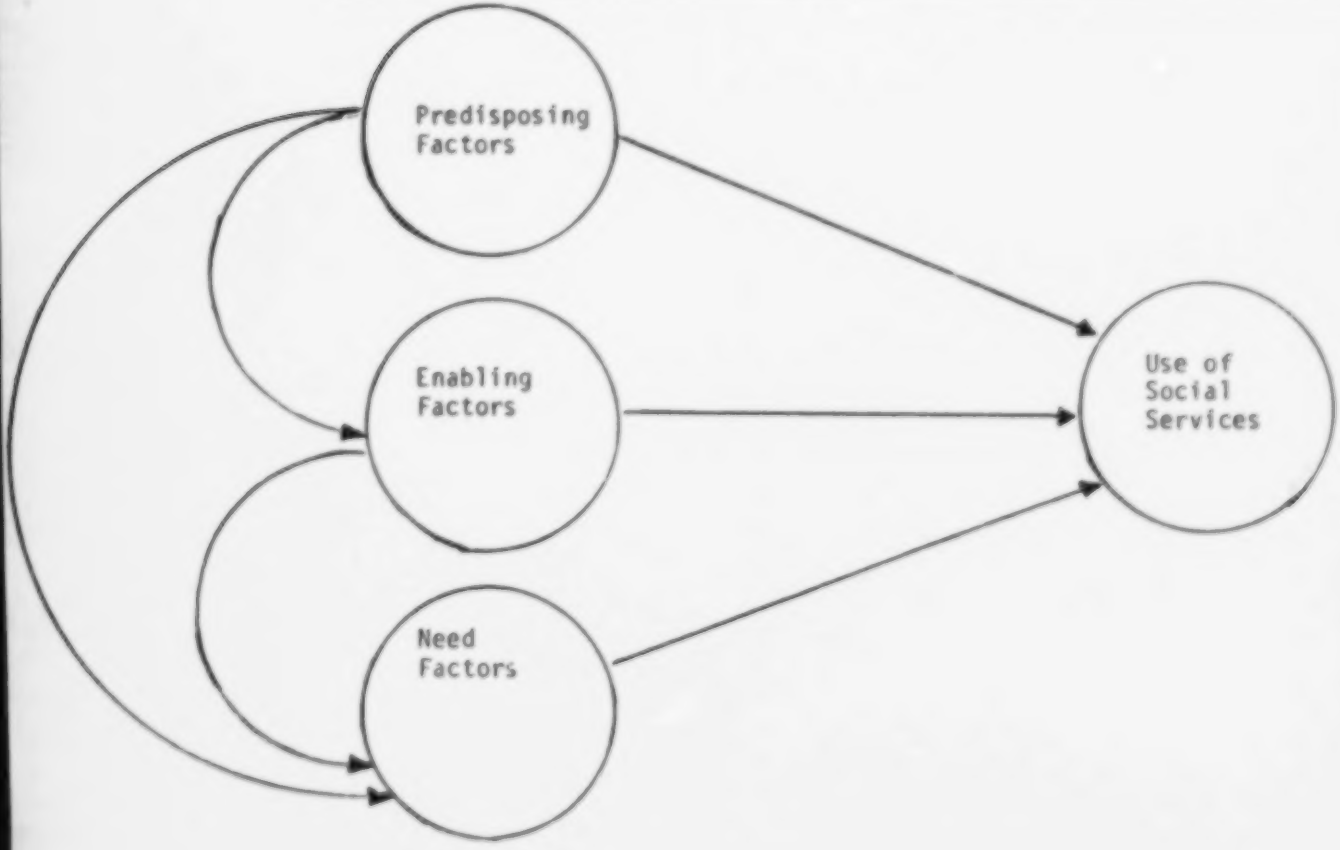

Figure 1. Proposed causal model predicting the use of social services by the Hispanic Elderly.

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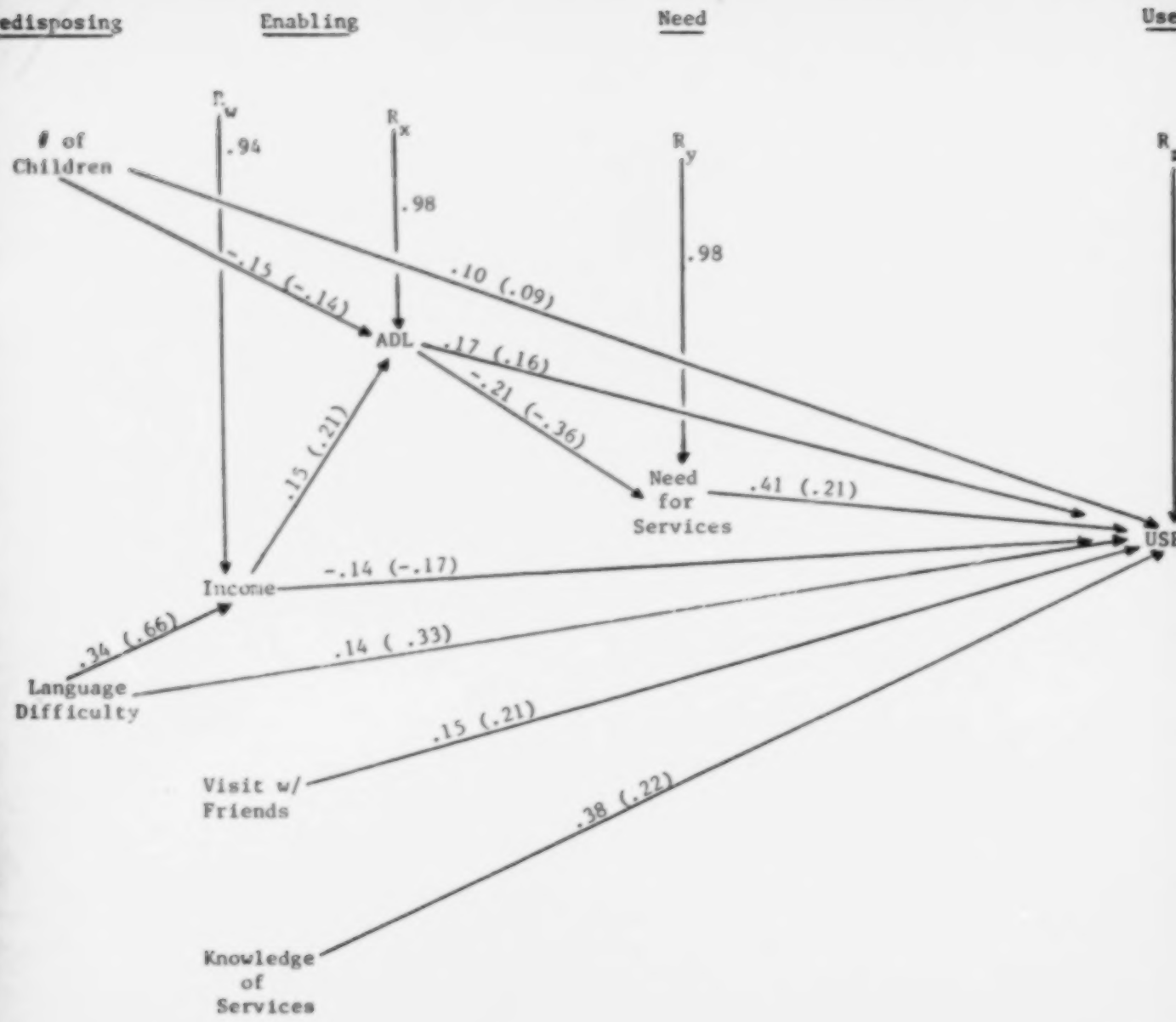

Figure 2. Path diagram with all significant paths for the Puerto Rican elderly (N=234).

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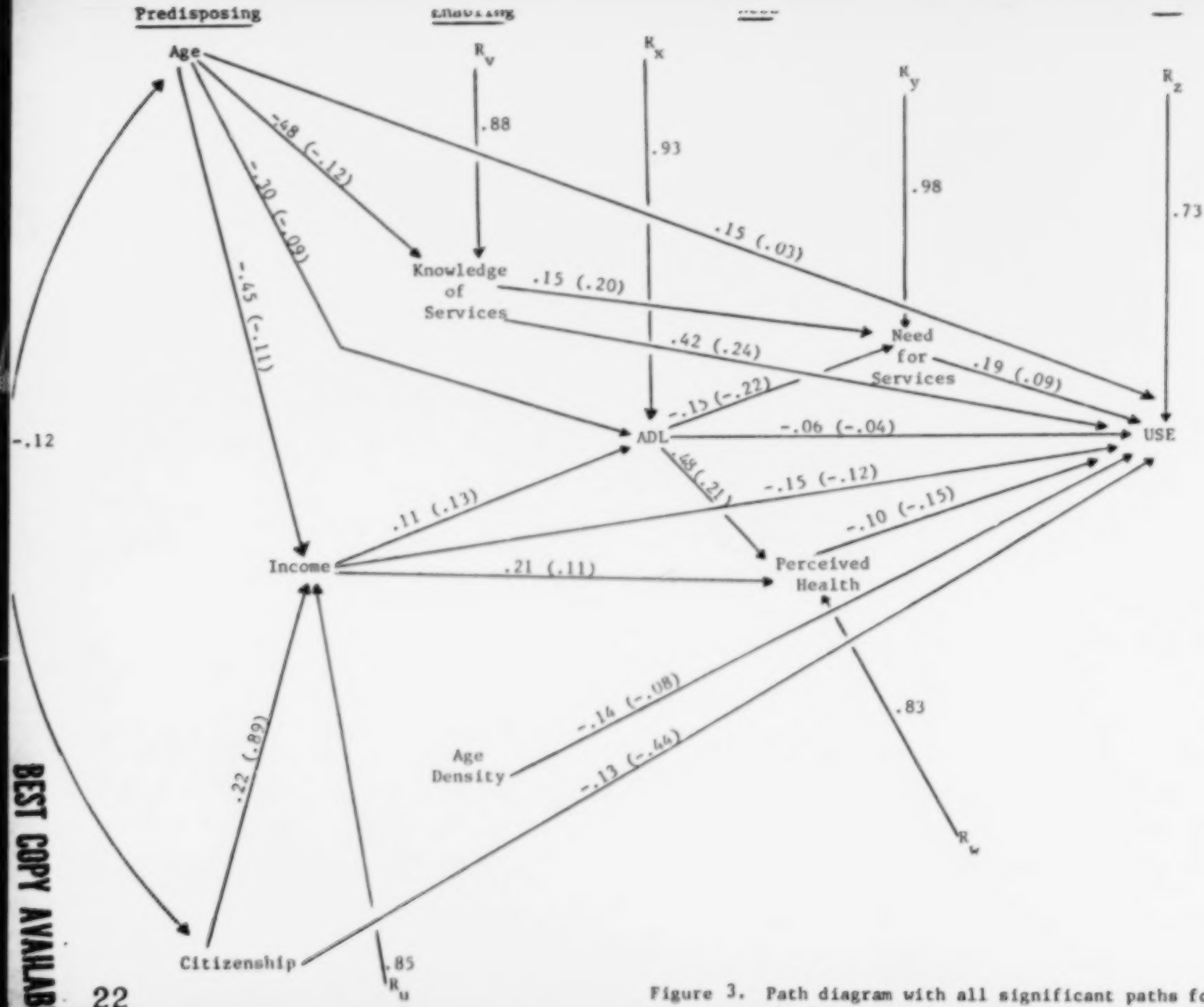

Figure 3. Path diagram with all significant paths for the Cuban elderly (N=209).

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